

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/568,510-Conf. #1191
		Filing Date	February 16, 2006
		First Named Inventor	Jan BUBERL
		Examiner Name	K. L. Brooks
		Art Unit	1616
TOTAL AMOUNT OF PAYMENT		(\$)	490.00
		Attorney Docket No.	0690-0128PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES									
Fee Description	Fee (\$)	Small Entity Fee (\$)							
Each claim over 20 (including Reissues)	52	26							
Each independent claim over 3 (including Reissues)	220	110							
Multiple dependent claims	390	195							
<table style="width: 100%;"> <tr> <td style="width: 33%;"> Total Claims <u>14</u> - or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20. </td> <td style="width: 33%;"> Extra Claims <u>1</u> - or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3. </td> <td style="width: 33%;"> Fee (\$) Fee Paid (\$) </td> </tr> <tr> <td colspan="3" style="text-align: center;"> Multiple Dependent Claims Fee (\$) Fee Paid (\$) </td> </tr> </table>				Total Claims <u>14</u> - or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	Extra Claims <u>1</u> - or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	Fee (\$) Fee Paid (\$)	Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
Total Claims <u>14</u> - or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	Extra Claims <u>1</u> - or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	Fee (\$) Fee Paid (\$)							
Multiple Dependent Claims Fee (\$) Fee Paid (\$)									

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
_____	_____	_____	_____
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____			Fee Paid (\$)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month _____ 490.00			

SUBMITTED BY			
Signature	Registration No.	32,868	Telephone (703) 205-8000
Name (Print/Type)	Andrew D. Meikle		Date February 18, 2010